Telephone interview with Dr. James J. Ryskamp, head of Surgical Team Alpha in Vietnam. Conducted by Jan K. Herman, Historian of the Navy Medical Department, 10 November 2004.

Where are you from originally?
Grand Rapids, Michigan.

Where did you go to medical school?
The University of Michigan.

When did you join the Navy?
In 1957.

So you had a bunch of assignments before you ended up in Vietnam.
Yes. I was at the Navy Department in Washington to begin with. Then I went to Bethesda. And I had 4 years of general surgery residency and 1 year of plastic surgery residency. Then I went to Georgetown University. I was chief resident in plastic surgery there. After that, I was at Naval Hospital Portsmouth, VA. Then I went to Vietnam.

How did your assignment to Vietnam come about?
I was board-certified in plastic surgery and general surgery. So I went as a general surgeon. I was also in charge of Surgical Team Alpha.

How did you get to Vietnam?
I had to go to COMPHIBPAC in San Diego to begin with. I had orientation there and then I flew over via Alaska, where we refueled and then went on to Danang.

When was this?
It was November of '68.

What do you remember about Danang?
It was nighttime when I got there. Some guy from military transportation picked me up in a sedan and took me to a small boat landing which was on the river in Danang. Right beside it was a helicopter landing spot. Driving from the Danang Air Base to this place on the river, I saw dead people laying on the side of the road. I said to the driver, "Are those people dead or are they injured?"
He said, "We had a mortar attack a little while ago and they haven't picked them up yet."
I thought, "How gruesome!" Once I got to the landing, I had to wait around a few hours before the helicopter showed up.

When the helicopter finally came, where did they take you?
They took me out to the USS *Princeton* [LPH-5], which was a World War II ship. Then I went to the *Okinawa* [LPH-3], then the *Iwo Jima* [LPH-2].

So those were going to be your assignments, aboard those amphibious ships?

Those LPHs were headquarters for the surgical team. There were four ships in the group. The carrier and these ships had a battalion of Marines embarked. They would do amphibious assault operations from the ships. The ships had landing craft.

What was your mission as the officer in charge of Surgical Team Alpha?

To care for the battalion of Marines embarked on the four ships. We had a 300-bed hospital on the helicopter carrier. I had 11 doctors and 30 corpsmen with my surgical team. These men were embarked on the *Princeton*, *Okinawa*, and the *Iwo Jima*. When they did an amphibious assault, they would put all the Marines on the hanger bay to pick up their ammunition and weapons. Then they'd go up on the flight deck and board helicopters--four or five per helicopter and fully combat laden. Then that helicopter would lift off from the flight deck and cruise around in the sky overhead until all the helicopters were loaded and overhead. In the meantime, the task group had the landing craft and they'd load their Marines. It was all timed so that those landing craft hit the beach at the same time the helicopters landed in zones inland circling the beach. You had Marines on the beach and landing zones with Marines. And they'd squeeze. Everything in that circle was dead meat.

Did you ever go with them on these operations?

Not on the amphibious assault landings. I had to be on the carrier. The same carrier that dropped them off would then resupply them with ammo and fuel. As they came back and forth from the carrier, they'd bring the wounded. Then we'd take care of them.

So you had an OR and all that stuff.

We had two ORs . We had a recovery room and our 300 beds were three high--stacked three high. We were never full.

Do you remember any specific operations where you ended up having to deal with a lot of casualties?

Yes. Each operation had its own name but I don't remember any specific ones. But I do remember that I didn't have a single U.S. casualty that died after he came aboard our ship alive. The helicopters would land on the flight deck and the casualties would be placed on the starboard elevator. Then they'd take them to the hanger deck below, where we triaged them. Sick bay was half a level up from the level of the hanger bay. Then we'd bring them into our mini-hospital there.

I had an orthopedic surgeon, an anesthesiologist, myself as a general surgeon, and the rest of the doctors were general practitioners.

My primary mission was to take care of wounded Marines. One time we started taking casualties. I think it was about 8 o'clock at night. They were all Marines who had stepped on mines. There was a peninsula of land that extended into the South China Sea. The neck of that peninsula was heavily mined and booby trapped and they had Viet Cong out on the peninsula. The first guy who went out there stepped on a mine and ended up with his foot over his shoulder, all shredded and full of mud. He's lying there screaming. Somebody would run to his injured friend to help him and then he'd trip a mine. Then two more would run to help. By the time they were through, there would be seven or eight injured Marines. Then someone would yell for the corpsman and he'd end up injured also.

These men were so injured and full of mud that all you could do was amputate. We amputated legs from about 8 at night until 10:30 or 11 the next morning. We had those big GI metal garbage cans which were about 3 feet high. And eight or nine of those were just stuffed with limbs.

It must have been a pretty demoralizing experience for you.

Well, I'd never seen anything like that, and I never have since. And our orthopedic surgeon had never seen that. He couldn't do all the leg amputations. He needed help so everybody helped. And because in Vietnam everything got infected, we didn't close any wounds. Then the casualties were medevaced back to the States.

The whole thing sounds like a horrible experience.

Yes. We felt sorry for ourselves being away from the United States for a whole year. That was the hardest part. You had family and children back there. The biggest thing we looked forward to every day was 4 o'clock in the afternoon. We'd go out and run on the flight deck. If they weren't doing flight operations, we'd run around the edge of the flight deck. We'd then go down and have a shower.

So the whole time you were in Vietnam, you were on one of those three ships.

Yes. We never got to leave country. When one of the ships went back to CONUS, we'd start all over again on another ship. There were two surgical teams out there--Alpha and Bravo.

Between all this activity, when there was a lull in the action, was that when you did your MEDCAPs?

Yes.

How would that have worked? Who made the decision to send you ashore?

The commodore was aboard our ship. He was the one who was in charge of the whole operation. We had a Marine helicopter squadron aboard and amphibious Marines. Their CO was aboard our ship also. When they'd bring the Marines back aboard ship for rehab after the amphibious assault operation, we had nothing to do. So I'd go to the commodore and ask permission to go ashore. We had a Marine sergeant who acted as an interpreter and could speak Vietnamese. So we'd go ashore and go into a village. Sometimes they didn't want us there. I remember one time we were heading for a village to do a MEDCAP and they met us about a half a mile before we got there and told us to go back. We asked why. They took us a bit further and showed us a pregnant girl hanging from a tree from all four limbs. The Viet Cong had slashed her belly and the baby was dangling from her abdomen by the umbilical cord. They said, "Don't come. If you do, this is what will happen."

The villagers were stuck. We'd come through and treat them nicely, and the VC would come back through and kick their butts because they had been friendly to us.

They just couldn't win.

No.

Well, you did get to do some MEDCAPs and so some interesting things.

We saw a lot of skin diseases with those village people. Most of them just needed to be cleansed. We gave them soap but they wouldn't wash themselves; they washed their hooches with it. They didn't understand about soap.

Where were the villages you went to, up in the I Corps area?

I Corps and II Corps. One of our missions was non-combat. It was to move the Americal Division of the Army from up around the Cu Viet River way up north all the way down to IV Corps. Our ship was loaded with tanks and Army helicopters, and all kinds of equipment and personnel. We steamed them down the coast to IV Corps, where we unloaded them in a little town called Vung Tau in southern coastal Vietnam. I remember going ashore at Vung Tau just to see what it looked like. There was a Siberian fur company store there with furs on display in the window just like you'd see in a store in the United States. I thought, why in the world would anyone buy a fur coat in Vietnam?

When you conducted MEDCAPs, were your people all volunteers for that duty?

Yes.

I know that on one of these MEDCAPs, you took care of a young woman who had suffered a missile wound to the head.

She had been shot from the side and the bullet had gone through her eye, the root of her nose, and out the other eye. So both eyeballs were destroyed and she was totally blind. Her only medical care had been a German MEDCAP team that came through about every 6 weeks. They would just wrap a piece of material around her head and over her eyes. When I saw this, I suggested that we take her back to the ship and clean up her infection, debride all the dead tissue because she couldn't go on living with draining pus out of her eye sockets.

We had to get permission from her mother to take her to the ship. She was 19 or 20. The mother consented only if her 12-year-old sister could go along with her. The ship's company called the sister "Baby san." We took her older sister to the operating room several times and debrided everything. Then I took all the epithelium from the inside of her eyelids because you can't bury epithelial tissue. If you do, it will form a cyst and get infected again. So you had to remove all the skin lining inside the eyelid. Then I sewed her eyelids shut permanently so that she wouldn't have to live with pus draining continually.

So you cleared up all the infection?

Yes. And before we took her back to her village, I gave her a little transistor radio I bought in the ship's store. She would sit on her bed holding that little radio to her ear. I don't know whether you've ever heard Vietnamese music. It's a real monotonous sounding music that Americans couldn't listen to. But she enjoyed it.

We brought her back to her mother. She had a house that was maybe 6 feet square raised about 3 feet off the ground. The flies were just everywhere because the people nailed fish to boards outside their hooches to dry them. These flies were crawling all over her.

I went back to see the girl about a month after I brought her back and she didn't have her radio. Our Marine interpreter asked her where her radio was. She sold it for rice. And it was such a pleasure to her because she was blind and yet she couldn't keep it because it was more important to eat than to have pleasure.

How sad.

Yes. But little Baby san was smiling and came over and hugged us.

As a plastic surgeon, you got to do hairlip repairs and other things.

We did a few of those. Were you ever at sea?

Working for the Navy, I've been at sea a few times.

Well, the chief is the king. We had a master chief and one day I told him we needed a Dingman mouthgag, which is a retractor to hold the mouth open so you can repair a cleft pallet. We call it cumshaw in the Navy. So he went ashore. These retractors sold in the U.S. for about $500 dollars. And he came back with three of them. I don't know how you find Dingman mouthgags in Danang, Vietnam. He also came back with a complete heart and lung bypass machine. I asked him what he expected me to do with it. He said, "I don't know. It was available, so I got it." He obviously traded something for it.

I understand that you had a 15-year-old Vietnamese girl who needed an artificial leg. What was that all about?

Her name was An Hoa. I'll never forget her. She was a sweet girl but very shy at first. She had had her leg blown off just below the knee and it had healed by scar contracture. My orthopedic surgeon and knew that her little village was all sand. Can you imagine walking on the beach with crutches and every time the crutch was put down it would dig into the sand? And she struggled with those crutches. Eric Widell, who was a lieutenant commander at the time, was my orthopedic surgeon. So we went down in the hanger bay. They had everything you could imagine in the machine shop there. They had leather and every kind of material you could ever want. We used a crutch for the main strength of the thing. Then we made a plaster mold of her stump and a leather harness to that shape so that it could strap onto her leg and around her waist. We attached it to the bottom of a crutch and put a boot at the bottom. It was a real crude thing but she could strap it on and walk without using crutches.

So you brought her aboard the ship, also?

Yes. We took care of her there. I wish I could have taken these girls back with me. I don't know what happened to them. They probably ended up in prostitution in order to eat.

That whole experience with the MEDCAPs and the MILPHAP teams was all part of what was called hearts and minds.

I think we called it a people to people program. It was interesting.

How many MEDCAPs did you do and was any of this successful?

We did four or five. I don't know if we were successful. We ended up pulling out. And then there were the villages that didn't want our help simply because they'd get their butts kicked when the VC found out what we had done and that they had cooperated with us.

When did you leave Vietnam?

I was there from Tet of '68 to Tet of '69. I came home in November of '69.

Did you stay in the Navy?

I stayed 15 years and got out in 1971. Then I went in the reserves back in California. I didn't enjoy it in Fresno because all they did was drill. There was nothing to do. Then I met a surgeon at Lemoore Naval Hospital, who told me they could use me there. So I did cosmetic surgery down there. I put in the rest of my time there until I had the maximum of 30 years and retired as a captain. In fact, I was promoted to captain when I returned from Vietnam.

When was your retirement?
When I turned 65 in 1995.

And you have your own private plastic surgery practice now in Fresno.
Yes. I'm the part owner of a surgery outpatient center. I'm fortunate. I can do elective, scheduled cosmetic surgery and not have to worry about insurance billings and all that.

Well, it's been 30 some odd years since you were in Vietnam. Do you think about it much anymore?
I dream about it maybe once a month. I'm back in country about once a month at night. It's kind of funny. I wake up in the morning and say, "I was in Vietnam." And it's not like today. It's like it was back then.

Is it a scary, unpleasant experience?
No. I'm not one of those who had trauma, shock, and all of that.

So you wouldn't classify any of those dreams as nightmares.
No. We were taking casualties and stuff like that. I wake up in the morning and I'll say to my wife, "Did I sleep well last night?"
And she'll say, "I didn't notice anything."
I'll say, "Well, I was dreaming I was in Vietnam again." It's funny how those things come back.